

03500.013894



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                             |   |                      |
|-----------------------------|---|----------------------|
| In re Application of:       | ) |                      |
|                             | : | Examiner: C. Kim     |
| Kikuo NAITO                 | ) |                      |
|                             | : | Group Art Unit: 2623 |
| Appln. No.: 09/409,347      | ) |                      |
|                             | : |                      |
| Filed: September 30, 1999   | ) |                      |
|                             | : |                      |
| For: INFORMATION PROCESSING | ) | May 3, 2005          |
| APPARATUS ENABLING          | : |                      |
| ELECTRONIC WATERMARKING,    | ) |                      |
| AND COMMUNICATION NETWORK : | : |                      |
| CONNECTABLE TO SUCH         | ) |                      |
| INFORMATION PROCESSING      | : |                      |
| APPARATUS                   | ) |                      |

**Mail Stop Amendment**  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated February 4, 2005, please amend the application as indicated below.



|                                                                                                                                                                    |  |                          |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b><br><small>Effective on 12/08/2004.<br/>Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)</small> |  | <b>Complete if Known</b> |                    |
|                                                                                                                                                                    |  | Application Number       | 09/409,347         |
|                                                                                                                                                                    |  | Filing Date              | September 30, 1999 |
|                                                                                                                                                                    |  | First Named Inventor     | Kikuo NAITO        |
|                                                                                                                                                                    |  | Examiner Name            | C. Kim             |
| <input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27                                                                                  |  | Art Unit                 | 2623               |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$)                                                                                                                                |  | Attorney Docket No.      | 03500.013894       |

**METHOD OF PAYMENT** (check all that apply)

|                                                                                                                           |                                                                                          |                                      |                                                                      |                                                   |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Check                                                                                            | <input type="checkbox"/> Credit Card                                                     | <input type="checkbox"/> Money Order | <input type="checkbox"/> None                                        | <input type="checkbox"/> Other (please identify): |
| <input checked="" type="checkbox"/> Deposit Account                                                                       | Deposit Account Number: <u>06-1205</u>                                                   |                                      | Deposit Account Name: <u>Fitzpatrick, Cella, Harper &amp; Scinto</u> |                                                   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                    |                                                                                          |                                      |                                                                      |                                                   |
| <input type="checkbox"/> Charge fee(s) indicated below                                                                    | <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> |                                      |                                                                      |                                                   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                              |                                      |                                                                      |                                                   |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                                                                         | Fee (\$) | Small Entity Fee (\$) |
|---------------------------------------------------------------------------------------------------------|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50       | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200      | 100                   |
| Multiple dependent claims                                                                               | 360      | 180                   |

|                                                                  |                     |                 |                      |                                  |                 |                      |
|------------------------------------------------------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| <b>Total Claims</b>                                              | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| 17                                                               | - 64                | = 0             | x 0 = 0              |                                  |                 |                      |
| HP = highest number of total claims paid for, if greater than 20 |                     |                 |                      |                                  |                 |                      |

|                                                                       |                     |                 |                      |
|-----------------------------------------------------------------------|---------------------|-----------------|----------------------|
| <b>Indep. Claims</b>                                                  | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| 4                                                                     | - 7                 | = 0             | x 0 = 0              |
| HP = highest number of independent claims paid for, if greater than 3 |                     |                 |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |                                                         |                                |                      |
|---------------------|---------------------|---------------------------------------------------------|--------------------------------|----------------------|
| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b> |
|                     | - 100 =             | / 50 =                                                  | (round up to a whole number) x | =                    |

**4. OTHER FEE(S)**

|                            |                                      |  |
|----------------------------|--------------------------------------|--|
| Non-English Specification, | \$130 fee (no small entity discount) |  |
| Other:                     |                                      |  |

**SUBMITTED BY**

|                   |                |                                             |                        |
|-------------------|----------------|---------------------------------------------|------------------------|
| Signature         |                | Registration No. 36,570<br>(Attorney/Agent) | Telephone 202-530-1010 |
| Name (Print/Type) | Brian L. Klock | Date: May 3, 2005                           |                        |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.